



## SCHOLARS APPLICATION

Application Deadline:

**January 16, 2006**

Mail to:

American Legacies  
c/o Kentucky Historical Society  
100 West Broadway  
Frankfort, KY 40601

**or fax to 502-564-0475**

### **PART I: Basic Information**

School District \_\_\_\_\_ School Name \_\_\_\_\_

Full Name \_\_\_\_\_

Home Address & Phone \_\_\_\_\_

\_\_\_\_\_

School Address & Phone \_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

### **PART II: Education and Professional Experience**

Bachelor's Institution/Degree Received \_\_\_\_\_

Area(s) of Certification \_\_\_\_\_

Graduate work? \_\_\_\_\_

How many years have you been in the teaching profession? \_\_\_\_\_

Grade(s) and Subject(s) Currently Teaching \_\_\_\_\_

Grade(s) and Subject(s) Have Taught \_\_\_\_\_

\_\_\_\_\_

Positions Held within School/Clubs sponsored, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **PART III: Open-Ended Questions**

Use a separate sheet to answer the following questions. Attach your answers to this application.

1. Why do you want to be an American Legacies Scholar? What do you hope to gain from the program?
2. What are the two best PDs you have participated in and why?
3. In general, what strengths do you see in the teaching and learning of history at your school? Areas for improvement?

### **PART IV: Signatures**

My signature below attests to my willingness to participate in the American Legacies Scholars Program. Upon completion of specified requirements, I will receive a stipend.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

By my signature below, I wholeheartedly recommend the above named applicant for the American Legacies Scholars Program. I understand that he/she will be out of class one day per semester for the duration of his/her participation (substitute costs to be covered by the Program).

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

*Questions? Contact Rebecca Hanly, Project Director, at 502-564-1792, ext. 4475 or email [rebecca.hanly@ky.gov](mailto:rebecca.hanly@ky.gov).*